## BREASTFEEDING INSURANCE BENEFIT GUIDELINES: UnitedHealthcare (UHC) - Medicaid

- This grid includes the general coverage parameters for RIte Care.
- Healthy First Steps Program packets are sent to all pregnant participants who have been identified to UHC by their providers.
- Requests for case management can be made through the Healthy First Steps Program at (800) 559-9071, or by fax at (800) 727-5620. Allow two business days for a response.

	MOM / BABY CRITERIA	NETWORK / VENDOR / PRODUCT INFO Approved providers (private or hospital-based), vendors, products	REQUIRED STEPS Prescriptions, referrals, times specifications	PAYMENT SPECS Co-pay, reimbursement
Education				
Prenatal Breastfeeding Classes / Childbirth Education Classes	Covered benefit – group and individual sessions	Classes covered for contracted UHC RIte Care network providers <sup>1</sup>	No referral or authorization, show UHC card at class	No co-pay
Breastfeeding Support Groups	Not a covered benefit	N/A	N/A	N/A
Lactation Support				
In-patient Hospital	Covered as part of inpatient stay	Any UHC RIte Care network Hospital		No co-pay
Out-patient Hospital / Home	Covered benefit	Any UHC Rite Care network Hospital/Home Health Agency <sup>1</sup>	<ul> <li>Initial consult must occur w/in first 2 weeks of delivery</li> <li>Limited to 2 additional visits w/in first month after delivery</li> <li>No prior authorization required for initial lactation consult or 2 additional consultations</li> <li>UHC Health Services prior authorization for referrals beyond 3 visits</li> </ul>	No co-pay
Equipment				
Manual Breast Pump	Covered Benefit	Any UHC RIte Care network vendor i.e. Vanguard Home Medical Equipment at 401-468-1300 or Kent Home Medical Equipment at 401-736-4294	MD or member can contact vendor(s) to request a manual breast pump	No co-pay
Hospital Grade Electric Pump – Rental / Individual Electric Breast Pump – Purchase <sup>2</sup>	Covered Benefit	Any UHC RIte Care network vendor i.e. Vanguard Home Medical Equipment at 401-468-1300 or Kent Home Medical Equipment at 401-736-4294	<ul> <li>Requires MD prescription specifying type of pump (given to vendor by MD or member)</li> <li>Lactation Consultant may recommend prescription to MD</li> </ul>	No co-pay
Pump Kits – Purchase	Covered Benefit	Provided with electric pump	Authorized with electric pump – 1 maximum	No co-pay

<sup>&</sup>lt;sup>1</sup> Call Member Services at 1-800-587-5187 or 1-800-587-5188 (TDD/TTY for hearing impaired) for participating provider.

<sup>&</sup>lt;sup>2</sup> Depending on the MD prescription and the vendor, member could receive either hospital-grade electric or individual electric pump.